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INFECTIONS IN THE ELDERLY: CHARACTERISTICS AND TREATMENT*

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IN this series of symposia we have explored areas of geriatric medicine in some depth. This symposium deals in particular with how infections in the elderly differ in incidence, pathology, immune reactions, diagnosis, and treatment from those encountered among young or middle-aged patients. The differences are considerable and often influence the outcome seriously. Most elderly patients have multiple diseases that often confuse the diagnosis. Specifically, it may be difficult to determine which diseases are responsible for which symptoms, more than one disease may be responsible for the patient's illness, and superimposed new infection may complicate long-standing infection as well as other conditions. Other factors compounding the "doctor's dilemma" include the decrease in immune response known to occur with increased age, the accumulated harboring of a variety of bacteria in the genitourinary and respiratory systems, sinuses, and gall bladder and colon, the multiple drugs in use,

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with their reactions and interactions and prolonged half lives, lack of absorption, and metabolic utilization associated with aging. The question of generic substitution for name drugs is particularly important for the elderly. On the one hand many are on limited budgets or in institutions where such substitutions are either permitted or mandatory. On the other hand, despite the statements by governmental officials and self-styled consumer advocates, the fact remains that while chemical equivalents and bioavailability are often claimed to be equal, therapeutic effectiveness has not been established in all of the drugs that are being substituted. The recent exposure that while substitutes for the original furosemide (Lasix) were allowed on the market by a number of other firms they proved inactive and had to be withdrawn. No one knows how many patients received this inactive medication and developed complications before this was discovered. Therefore, physicians should make every possible effort to assure that any substituted drug has really been critically evaluated. This becomes especially true for the elderly whose life balance is so often fragile. We are now involved in trying to prevent serious illness by means of hygiene and vaccines—as, for example, those now used for influenza and pneumococcal pneumonia. The question of surgery in the elderly with their susceptibility to postoperative thromboembolism and infection may be influenced by their complicated multiple disease picture. Finally, we have to keep in mind that the compliance of any group of patients with a physician's regimen is always less than perfect and that among the elderly it is further complicated by wilful neglect, forgetfulness, malabsorption, and other factors.

Physicians who undertake the care of elderly patients will find their problems more challenging than the care of the young where a single disease and a relatively limited number of medications are the usual case. This symposium is designed to update our knowledge of a complicated but ever increasing aspect of medical care.